STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012582	A. BUILDING: _____ B. WING _____	R-C 01/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE SENIOR LIVING LLC	4411 PARK PLACE DR FORT WAYNE, IN 46845

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00139828 completed on December 5, 2013. Complaint IN 00139828 Corrected. Survey dates: January 2, 2014 Facility number: 012582 Provider number: 012582 AIM number: NA Survey team: Christine Fodrea, RN, TC Census bed type: Residential: 113 Total: 113 Census payor type: Other: 113 Total: 113 Sample: 3 Park Place Senior Living was found to be in compliance with 410 IAC in regard to the PSR to the Investigation of Complaint IN00139828. Quality review completed on January 3, 2014 by Randy Fry RN.	{R 000}		